## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Freedom Partners Action Fund, Inc.	C C00564765
Check if 24-hour report X 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee 1360	Date of Public Distribution/Dissemination
	10 08 2014
Mailing Address PO BOX 37046	Amount
City State Zip Code	457707.00
BALTIMORE MD 21297	Transaction ID : SE24.127 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE/SATELLITE  Category/ Type	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
MARK PRYOR Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2008064.89	oursement For:  Primary  General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General
Per Liection for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	457707.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	457707.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Thomas F. Maxwell III  [Electronically Filed] Date	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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